



General Assembly

February Session, 2018

Amendment

LCO No. 4345



Offered by:

SEN. MOORE, 22nd Dist.

SEN. MARKLEY, 16th Dist.

REP. ABERCROMBIE, 83rd Dist.

To: Subst. Senate Bill No. 246

File No. 159

Cal. No. 124

"AN ACT LIMITING AUTO REFILLS OF PRESCRIPTION DRUGS COVERED UNDER THE MEDICAID PROGRAM."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of
4 Social Services, in accordance with subsections (b) to (d), inclusive, of
5 this section, may prohibit a pharmacy provider from automatically
6 refilling certain prescription drugs for a medical assistance recipient,
7 regardless of whether a recipient requests or consents to participation
8 in an automatic prescription drug refill program. For any prescription
9 subject to this prohibition, the Department of Social Services shall not
10 make payment for a refill without an explicit verbal or written request
11 for such payment from the recipient or the recipient's legal
12 representative.

13 (b) The commissioner shall submit recommendations on the types,

14 classes or usage of prescription drugs to be subject to the automatic
15 refill prohibition described in subsection (a) of this section, and for
16 prescription drugs to be exempted from such prohibition, to the joint
17 standing committee of the General Assembly having cognizance of
18 matters relating to human services.

19 (c) Not later than thirty days after the date of their receipt of such
20 recommendations, the joint standing committee shall hold a public
21 hearing on the recommendations, and notify the Commissioner of
22 Social Services of the date and time of the public hearing. If the joint
23 standing committee does not schedule the public hearing, the
24 recommendations shall be deemed approved. At the conclusion of the
25 public hearing held in accordance with the provisions of this section,
26 the joint standing committee shall advise the commissioner of its
27 approval, denial or modifications, if any, of the commissioner's
28 recommendations. If the joint standing committee denies the
29 commissioner's recommendations, the commissioner shall not
30 implement such recommendations but may submit new
31 recommendations to the committee for action in accordance with this
32 subsection.

33 (d) The commissioner shall submit the recommendations, as
34 approved or modified in accordance with subsection (c) of this section,
35 to the Pharmaceutical and Therapeutics Committee established
36 pursuant to section 17b-274d of the general statutes, as amended by
37 this act.

38 Sec. 2. Subsection (j) of section 17b-274d of the general statutes is
39 repealed and the following is substituted in lieu thereof (*Effective from*
40 *passage*):

41 (j) The Pharmaceutical and Therapeutics Committee may also make
42 recommendations to the department regarding (1) the prior
43 authorization of any prescribed drug, and (2) what prescribed drug, if
44 any, should be eligible for automatic refill.

45 Sec. 3. Section 19a-755a of the 2018 supplement to the general

46 statutes is repealed and the following is substituted in lieu thereof
47 (*Effective from passage*):

48 (a) As used in this section:

49 (1) "All-payer claims database" means a database that receives and
50 stores data from a reporting entity relating to medical insurance
51 claims, dental insurance claims, pharmacy claims and other insurance
52 claims information from enrollment and eligibility files.

53 (2) (A) "Reporting entity" means:

54 (i) An insurer, as described in section 38a-1, licensed to do health
55 insurance business in this state;

56 (ii) A health care center, as defined in section 38a-175;

57 (iii) An insurer or health care center that provides coverage under
58 Part C or Part D of Title XVIII of the Social Security Act, as amended
59 from time to time, to residents of this state;

60 (iv) A third-party administrator, as defined in section 38a-720;

61 (v) A pharmacy benefits manager, as defined in section 38a-479aaa;

62 (vi) A hospital service corporation, as defined in section 38a-199;

63 (vii) A nonprofit medical service corporation, as defined in section
64 38a-214;

65 (viii) A fraternal benefit society, as described in section 38a-595, that
66 transacts health insurance business in this state;

67 (ix) A dental plan organization, as defined in section 38a-577;

68 (x) A preferred provider network, as defined in section 38a-479aa;
69 and

70 (xi) Any other person that administers health care claims and
71 payments pursuant to a contract or agreement or is required by statute

72 to administer such claims and payments.

73 (B) "Reporting entity" does not include an employee welfare benefit
74 plan, as defined in the federal Employee Retirement Income Security
75 Act of 1974, as amended from time to time, that is also a trust
76 established pursuant to collective bargaining subject to the federal
77 Labor Management Relations Act.

78 (3) "Medicaid data" means the Medicaid provider registry, health
79 claims data and Medicaid recipient data maintained by the
80 Department of Social Services.

81 (4) "CHIP data" means the provider registry, health claims data and
82 recipient data maintained by the Department of Social Services to
83 administer the Children's Health Insurance Program.

84 (b) (1) There is established an all-payer claims database program.
85 The Health Information Technology Officer, designated under section
86 19a-755, shall: (A) Oversee the planning, implementation and
87 administration of the all-payer claims database program for the
88 purpose of collecting, assessing and reporting health care information
89 relating to safety, quality, cost-effectiveness, access and efficiency for
90 all levels of health care; (B) ensure that data received is securely
91 collected, compiled and stored in accordance with state and federal
92 law; and (C) conduct audits of data submitted by reporting entities in
93 order to verify its accuracy.

94 (2) The Health Information Technology Officer shall seek funding
95 from the federal government, other public sources and other private
96 sources to cover costs associated with the planning, implementation
97 and administration of the all-payer claims database program.

98 (3) (A) Upon the adoption of reporting requirements as set forth in
99 subsection (b) of section 19a-755, a reporting entity shall report health
100 care information for inclusion in the all-payer claims database in a
101 form and manner prescribed by the Health Information Technology
102 Officer. The Health Information Technology Officer may, after notice

103 and hearing, impose a civil penalty on any reporting entity that fails to
104 report health care information as prescribed. Such civil penalty shall
105 not exceed one thousand dollars per day for each day of violation and
106 shall not be imposed as a cost for the purpose of rate determination or
107 reimbursement by a third-party payer.

108 (B) The Health Information Technology Officer may provide the
109 name of any reporting entity on which such penalty has been imposed
110 to the Insurance Commissioner. After consultation with said officer,
111 the commissioner may request the Attorney General to bring an action
112 in the superior court for the judicial district of Hartford to recover any
113 penalty imposed pursuant to subparagraph (A) of this subdivision.

114 (4) The Commissioner of Social Services shall submit Medicaid and
115 CHIP data to the Health Information Technology Officer for inclusion
116 in the all-payer claims database only for purposes related to
117 administration of the State Medicaid [Plan] and CHIP Plans, in
118 accordance with 42 CFR 431.301 to 42 CFR 431.306, inclusive.

119 (5) The Health Information Technology Officer shall: (A) Utilize
120 data in the all-payer claims database to provide health care consumers
121 in the state with information concerning the cost and quality of health
122 care services for the purpose of allowing such consumers to make
123 economically sound and medically appropriate health care decisions;
124 and (B) make data in the all-payer claims database available to any
125 state agency, insurer, employer, health care provider, consumer of
126 health care services or researcher for the purpose of allowing such
127 person or entity to review such data as it relates to health care
128 utilization, costs or quality of health care services. If health
129 information, as defined in 45 CFR 160.103, as amended from time to
130 time, is permitted to be disclosed under the Health Insurance
131 Portability and Accountability Act of 1996, P.L. 104-191, as amended
132 from time to time, or regulations adopted thereunder, any disclosure
133 thereof made pursuant to this subdivision shall have identifiers
134 removed, as set forth in 45 CFR 164.514, as amended from time to time.
135 Any disclosure made pursuant to this subdivision of information other

136 than health information shall be made in a manner to protect the
 137 confidentiality of such other information as required by state and
 138 federal law. The Health Information Technology Officer may set a fee
 139 to be charged to each person or entity requesting access to data stored
 140 in the all-payer claims database.

141 (6) The Health Information Technology Officer may (A) in
 142 consultation with the All-Payer Claims Database Advisory Group set
 143 forth in section 17b-59f, enter into a contract with a person or entity to
 144 plan, implement or administer the all-payer claims database program,
 145 (B) enter into a contract or take any action that is necessary to obtain
 146 data that is the same data required to be submitted by reporting
 147 entities under Medicare Part A or Part B, (C) enter into a contract for
 148 the collection, management or analysis of data received from reporting
 149 entities, and (D) in accordance with subdivision (4) of this subsection,
 150 enter into a contract or take any action that is necessary to obtain
 151 Medicaid and CHIP data. Any such contract for the collection,
 152 management or analysis of such data shall expressly prohibit the
 153 disclosure of such data for purposes other than the purposes described
 154 in this subsection."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	17b-274d(j)
Sec. 3	<i>from passage</i>	19a-755a